

EXHIBIT P3

to COMPLAINT FOR INTERPLEADER

CERTIFICATION OF VITAL RECORD

North Dakota Department of Health

Bismarck, North Dakota

Certification of Death

THIS IS TO CERTIFY THAT THERE IS ON RECORD IN THE DIVISION OF VITAL RECORDS, NORTH DAKOTA DEPARTMENT OF HEALTH, BISMARCK ND, THE FOLLOWING ENTRY OF DEATH:

DECEDENT INFORMATION

NAME:	LAMONT ALLEN LOUDENSLAGER	SEX:	MALE
SOCIAL SECURITY NUMBER:	██████████4347	DATE OF DEATH:	SEPTEMBER 08, 2018
PLACE OF DEATH:	FARGO, NORTH DAKOTA	MARITAL STATUS:	DIVORCED
SURVIVING SPOUSE'S NAME:		TIME OF DEATH:	20:47
FATHER'S NAME:	WILLIAM LOUDENSLAGER	DATE OF BIRTH:	██████████1954
MOTHER'S MAIDEN NAME:	BONNIE ADAMS	BIRTHPLACE:	SOUTH DAKOTA
RESIDENTIAL ADDRESS:	██	U.S. ARMED FORCES:	NO
		FILING DATE:	OCTOBER 12, 2018
PLACE DEATH OCCURRED:	HOSPITAL - INPATIENT	DATE ISSUED:	OCTOBER 28, 2018
FACILITY OR ADDRESS:	SANFORD HEALTH OF FARGO	CERTIFICATE NO:	133-18-004793
	FARGO, NORTH DAKOTA		

INFORMANT INFORMATION

INFORMANT:	LANE LOUDENSLAGER	RELATIONSHIP:	SON
INFORMANT'S ADDRESS:	██		

DISPOSITION INFORMATION

FINAL DISPOSITION:	RIVERSIDE CEMETERY	METHOD:	BURIAL
	FARGO, NORTH DAKOTA	FUNERAL	
FUNERAL HOME:	BOULGER FUNERAL HOME	PRACTITIONER:	TIA LOPEZ
	FARGO, ND 58103	LICENSE NUMBER:	1323

MEDICAL CAUSE OF DEATH INFORMATION

MEDICAL CERTIFIER:	MOHAMED SANALLAH,	LICENSE NUMBER:	9551
CERTIFIER'S ADDRESS:	SANFORD HEALTH OF FARGO, FARGO, ND 58122		

IMMEDIATE CAUSE OF DEATH: SEPSIS
 as a consequence of > LACTOBACILLUS ENDOCARDITIS
 as a consequence of >
 as a consequence of >

CONTRIBUTING FACTORS: RENAL MASS

MANNER OF DEATH: NATURAL

MEDICAL EXAMINER CONTACTED: NO

TOBACCO CONTRIBUTED TO DEATH: NO

DATE OF INJURY:

PLACE OF INJURY:

LOCATION OF INJURY:

AUTOPSY PERFORMED: NO

DECEASED DIABETIC: NO

AUTOPSY FINDINGS AVAILABLE:

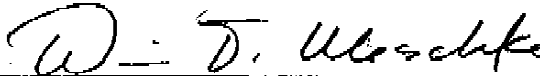
TIME OF INJURY:

INJURY AT WORK:

TRANSPORTATION INJURY:

HOW INJURY OCCURRED:

001819335



Darin J. Meschke
 State Registrar of Vital Statistics

This certificate is issued in compliance with the laws of the State of North Dakota
 (NOT VALID without raised impression seal of the North Dakota Department of Health)

ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE